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Foreign Priority claimed yes no no no no met Allowance Priority and Acknowledged Examiner's Signature			ials	STATE OR COUNTRY AL	SHEETS DRAWING 7		TOTA CLAI 18	MS	INDEPENDENT CLAIMS 4	
ADDRESS Mark Clodfelter Suite 1602 D 555 Sparkman Dr Huntsville ,AL 350 TITLE Method for detern	816	binocular balance and	l disorde	ers of binocular	ity of a	ın individ	lual or c	linical	groups of	
FILING FEE F	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit					

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